

Figure 1

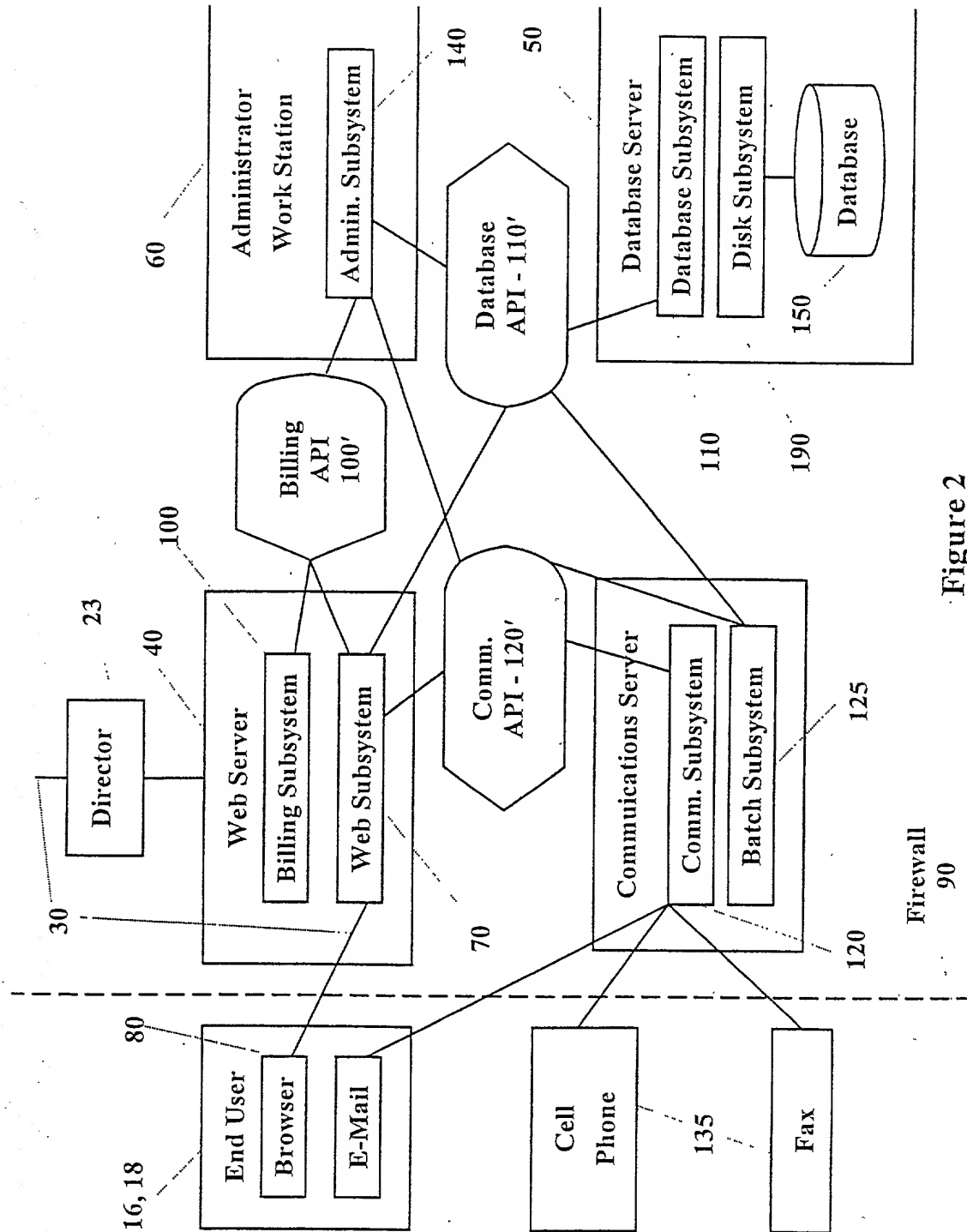


Figure 2

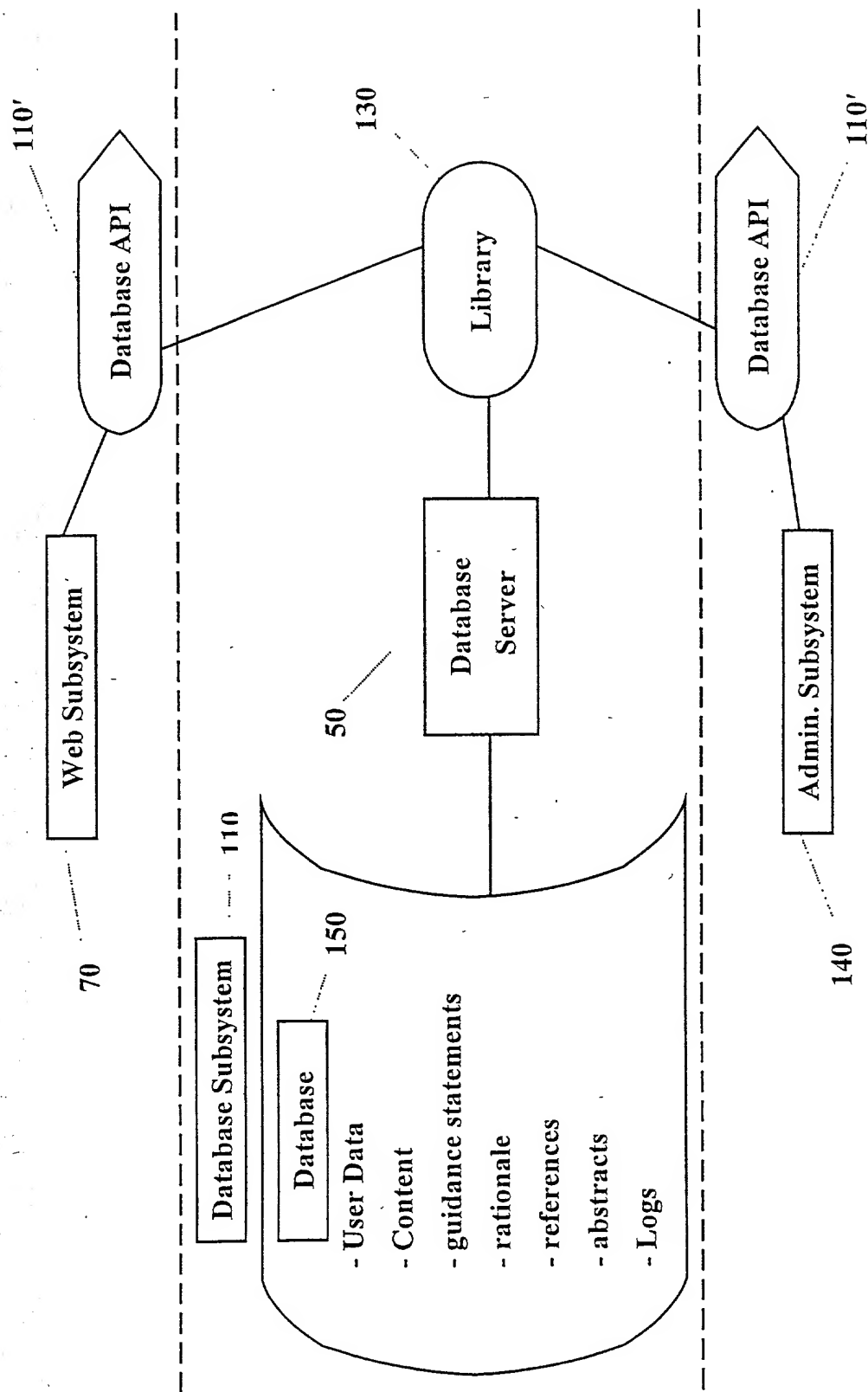
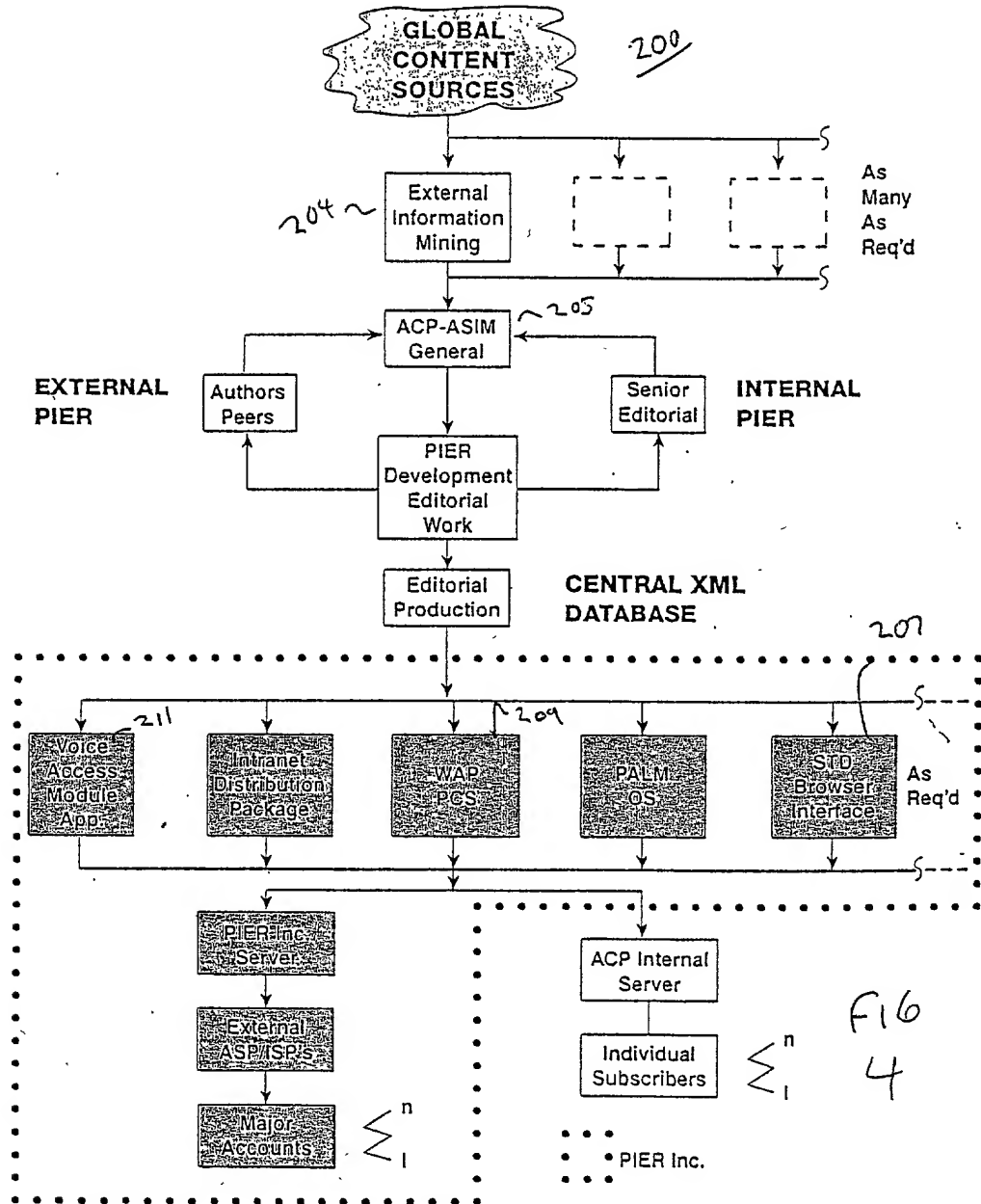


Fig. 3

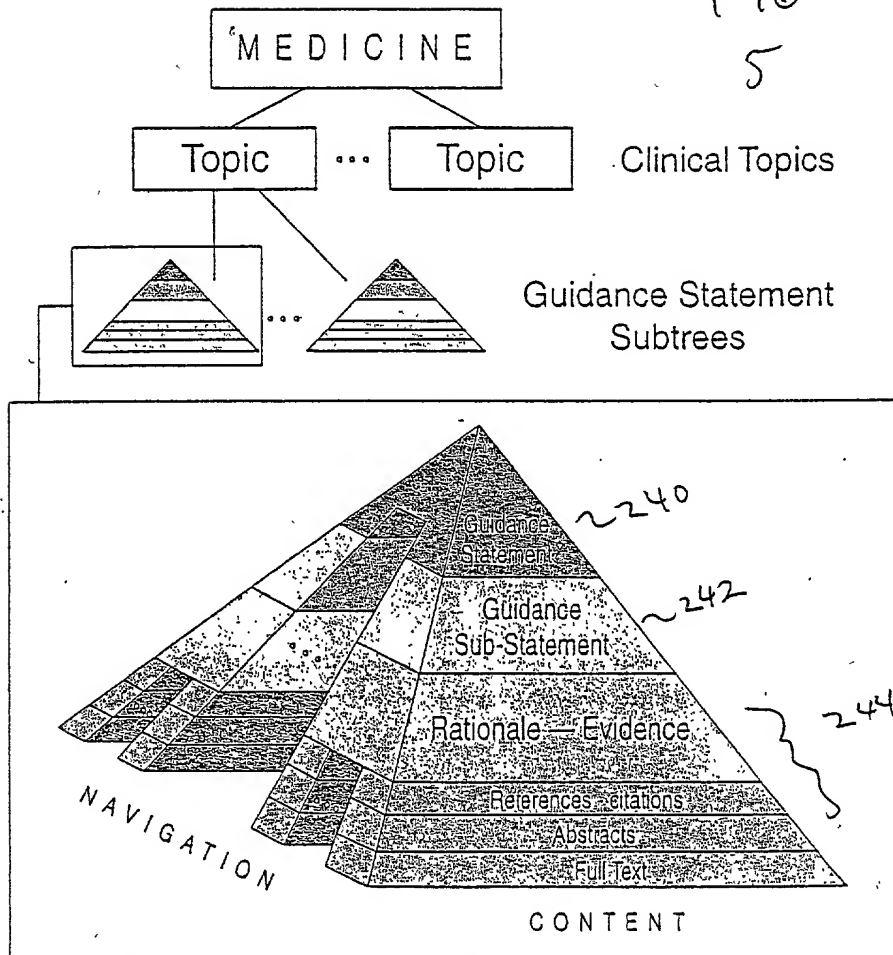
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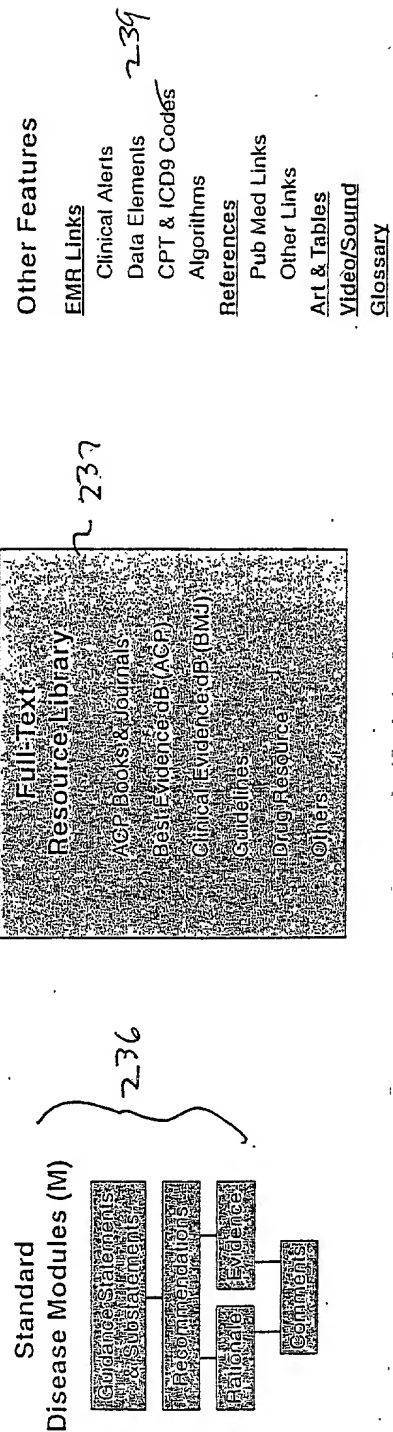
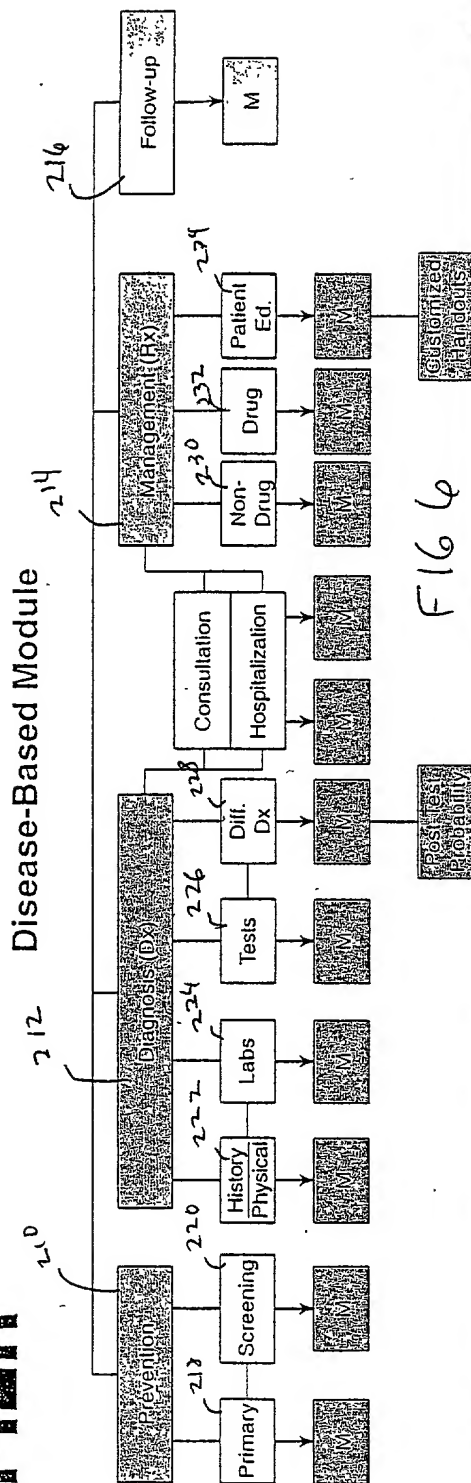


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We are pleased to welcome you as one of a selected group of College members to participate in the initial large-scale beta-test of the Physicians' Information and Education Resource (PIER). The purpose of this test is to elicit feedback on PIER's content, the functionality of its interface, and its potential application to clinical practice and continuing education. This information will be used to make further changes and refinements in preparation for the official launch of PIER in early 2002.

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FIG 8

100660063-012302

• Disease > Fibrocystic Changes of the Breast

Author: Maureen A. Chung, MD
Status: Editor's revisions - 2001-11-01

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Diagnosis

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All women with breast complaints should be evaluated carefully with a focused history and physical exam to determine the causes of breast pain, nipple discharge, and nodularity.

- **Identify** the symptoms to guide diagnostic testing while minimizing the chance of missing a neoplastic lesion.
- **Question** all patients about the presence and nature of any spontaneous nipple discharge.
- **Note** that the physical exam is directed at detecting any signs associated with a neoplasm and ruling out other causes of mastalgia.
- **Use** mammography to confirm the diagnosis and screen for neoplasm.
- **Use** ultrasound selectively in patients with suspected fibrocystic changes; it is the test of choice for young women with dense breast tissue.
- **Perform** fine needle aspiration of the breast to discriminate between a solid and cystic masses.
- **Consider** a broad differential diagnosis of benign and malignant conditions in patients with suspected fibrocystic changes of the breast.

History and Physical Examination Elements for Fibrocystic Changes of the Breast (table)

Laboratory and Other Studies for Fibrocystic Changes of the Breast (table)

Differential Diagnosis of Fibrocystic Changes of the Breast (table)

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FIG 9

10060062-012902

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- ⊗ Supported by at least one good randomized controlled trial (RCT).
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Non-drug Therapy

Most patients have a decrease in or resolution of symptoms after reassurance and non-drug therapy. 

- [Reassure](#) patients that they do not have breast cancer. 
- [Do](#) not recommend dietary modification to treat fibrocystic changes. 
- [Consider](#) herbal remedies for reducing mastalgia. 

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Tables

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Drug Treatment for Fibrocystic Changes of the Breast

Agent	Mechanism of Action	Dosage	Benefits	Side Effects	Notes
<u>Bromocriptine</u> (Parlodel, Sandoz Ltd)	Prolactin inhibitor	5 mg/d for 3 months	Relief of mastodynia and breast nodularity in 80% of patients (2695151)	Nausea (30%), dizziness (25%), headaches (13%), irritability (8%), vomiting (8%), hypotension (8%)	
<u>Danazol</u>	Reduction of hormonal stimulation of target tissue, including the breast	200-400 mg/d for 6 months	Relief of mastodynia in 90% of patients, decrease in breast nodularity and breast cysts (6594009)	Menstrual irregularities (>50% of patients), moderate weight gain, acne, headache, hirsutism, and irreversible deepening of the voice	Relapse rate of >50% 9-12 months after ceasing therapy; higher relapse rate and shorter relief of symptoms with lower dosage; this drug should be reserved for the severely symptomatic patient (approximately 1% of patients)
<u>Tamoxifen</u>	Anti-estrogen	10 mg/d for 3-6 months	Up to 90% of patients have relief of mastalgia; more effective for cyclical pain (3052691)	Side effects include hot flashes, deep venous thrombosis, and endometrial cancer	50% of patients will relapse within 2-3 months; use of higher dose does not decrease relapse rate or increase efficacy

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10060060-012902

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Consultation for Management

Patients with fibrocystic changes rarely require surgical consultation for management.

- [Refer](#) patients to a breast specialist if their symptoms do not respond to conservative measures.

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Complementary and Alternative Medicine

This feature of PIER is under development and will include general information on many disciplines in complementary and alternative medicine, addressing the nature and background of these therapies, their indications and potential complications, patient education as well as consultation and follow-up issues. These modules will supplement specific material on complementary and alternative therapies incorporated into management sections of disease modules.

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20060052-012902

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Patient Education

Inform patients that breast self-examination is important in management.

- [Encourage](#) monthly breast self-examinations in all women over age 20.

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2005210-29009001

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Consultation for Diagnosis

All patients with indeterminate lesions should be referred to a surgeon for evaluation.

- **Note** that indeterminate or suspicious findings, palpable solid masses, recurrent breast cysts, and bloody fluid or nipple discharge may require surgical or needle biopsy.

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Hospitalization

Not applicable to this module.

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Follow-Up

Consider breast cancer in all patients with breast complaints even if there has been a previous diagnosis of fibrocystic change.

- [Examine](#) women periodically with fibrocystic changes.
- [Reexamine](#) patients with palpable cystic masses that resolve after aspiration for recurrence.
- [Screen](#) all women over 40 for breast cancer.
- [Screen](#) women with a significant risk for breast cancer development at more frequent intervals than women with no associated risk factors.

[Elements of Follow-Up for Fibrocystic Changes of the Breast \(table\)](#)

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FIG 18

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